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<b>NO FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Patent fees are subject to annual revision, Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		<b>Complete if Known</b>		
		Application Number	10/006,543	
		Filing Date	November 30, 2001	
		First Named Inventor	Rae K. Burns, et al.	
		Examiner Name	NYA	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Group/Art Unit	2176
		Attorney Docket No.	50277-1774	<b>RECEIVED</b> <b>FEB 10 2003</b>

<b>METHOD OF PAYMENT</b> (check one)		<b>FEE CALCULATION</b> (continued)			
<b>1.</b> <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		<b>3. ADDITIONAL FEES</b>			
Deposit Account Number: 50-1302					
Deposit Account Name: Hickman Palermo Truong & Becker, LLP					
<b>2.</b> <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
<b>3.</b> <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	201	740	370	Utility filing fee	
106	206	330	165	Design filing fee	
107	207	510	255	Plant filing fee	
108	208	740	370	Reissue filing fee	
114	214	160	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0.00	
<b>2. EXTRA CLAIM FEES</b>					
Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid	
40	-40=	0	18.00	0.00	
Independent Claims	4	-4**=	0	84.00	0.00
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
103	203	18	9	Claims in excess of 20	
102	202	84	42	Independent claims in excess of 3	
104	204	280	140	Multiple dependent claim, if not paid	
109	209	84	42	**Reissue independent claims over original patent	
110	210	18	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0.00	
SUBMITTED BY					
Name (Print/Type)	Marcel K. Truong	Registration No. (Attorney/Agent)	42,327	Telephone	(408) 414-1080
Signature		Date	January 30, 2003		
<b>WARNING:</b>		Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
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OID 2001-090-01					

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